ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2013 (1) (3) (2) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 235,737 -12.6% 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other_ Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a new proprietary property rating plan. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. American Casualty Company Name of Company Tricia Floyd, Actuarial Director Official - Title

Cha	ange in Company's premium or rate lev	vel produced by rate revision effective	7/14/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	and 304,869 erritories) or certain classes? If so, specify:	29.0%
Brie Loss *Ac	ef description of filing. (If filing follows of Cost Multiplier change for Division 5 - Fire & Allie	rates of an advisory organization, specify or d Lines. ISO CF-2007-RLA1. nich will result from application of new rates. American Economy Insurance	ganization):
		Merilyn Overton, AAM, AU, CF	PIW - Business Analyst II

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	7/14/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2. 3. 4. 5. 6.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity		
11.	Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners	2,056,800	29.0%
14.	Commercial Multi-Peril Crop Hail Other Line of Insurance		
Do	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify	·:
	ef description of filing. (If filing follows as Cost Multiplier change for Division 5 - Fire & Allie	rates of an advisory organization, specify of Lines. ISO CF-2007-RLA1.	organization):
	djusted to reflect all prior rate changes. Change in Company's premium level wh	nich will result from application of new rate	s.
		American States Insurance C	Company (111-19704) Name of Company
	·	Merilyn Overton, AAM, AU, C	CPIW - Business Analyst II Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2013 (3) (1) (2) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** -12.6% 9. 684,432 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a new proprietary property rating plan. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Continental Casualty Company
Name of Company
Tricia Floyd, Actuarial Director
Official - Title

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercia 	I	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9. Fire	661,615	-12.6%
10. Extended Coverage		
11. Inland Marine12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	y (territories) or certain classes? If so, specify:	
District Control (ICC)		
• • • •	s rates of an advisory organization, specify org	
We are filing a new proprietary property rating pla	n.	
*Adjusted to reflect all prior rate change	es.	
	which will result from application of new rates.	
	Continental Insurance Compar	ny
		ame of Company
	Trinia Flauri Antonomial Discretes	
	Tricia Floyd, Actuarial Director	Official – Title
	· · · · · · · · · · · · · · · · · · ·	Omorai = 1100

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	7/14/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2. 3. 4. 5. 6. 7. 8. 9.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage	348,631	29.0%
11 12 13 14 15	 Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance 	erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows of second sec	rates of an advisory organization, specify org d Lines. ISO CF-2007-RLA1.	ganization):
	djusted to reflect all prior rate changes. Change in Company's premium level wh	nich will result from application of new rates.	
		First National Insurance Compa	any of America (111-24724) me of Company
		Merilyn Overton, AAM, AU, CP	IW - Business Analyst II

Change in Company's premium or rate	e level produced by rate revision effective	7/14/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commerci Liability Other Than Auto Burglary and Theft Glass 	al	
6. Fidelity7. Surety8. Boiler and Machinery		
 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other	ry (territories) or certain classes? If so, specify:	29.0%
Brief description of filing. (If filing follo Loss Cost Multiplier change for Division 5 - Fire &	ws rates of an advisory organization, specify org Allied Lines. ISO CF-2007-RLA1.	ganization):
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	ges. Il which will result from application of new rates.	
	General Insurance Company of Na	America (111-24732) Time of Company
	Merilyn Overton, AAM, AU, CP	IW - Business Analyst II Official – Title

SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
3. 4. 5. 6. 7.	Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety	\$17,500	-0.6%
8. 9. 10. 11. 12.	Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril	\$162,891 \$127,058	+42.6% +22.0%
14. 15.	Crop Hail Other Optional Coverages Line of Insurance	\$9,650 erritories) or certain classes? If so, sp	-8.6%
No Brief o	description of filing. (If filing follows r	ates of an advisory organization, spece Company customers to Safeco	cify organization):
\(\frac{1}{2}\)	wellingfire		
	•	Indian	a Insurance Company Name of Company

_Tim Collison, Product Manager Official - Title

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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's prem	nium or rate level	produced by rate revision
effective 09/01/2012		

	(1)	(2)	(3)
-	0	Annual Premium	Percent
1	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger Commercial		Alexander and the second secon
2	Automobile Physical Damag		The second secon
2	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	A CONTRACTOR OF THE CONTRACTOR	A CONTRACTOR OF THE CONTRACTOR
4.	Burglary and Theft		And the state of t
5.	Glass		
6.	Fidelity	Commission of the Commission o	
7.	Surety		
8.	Boiler and Machinery	The state of the s	
9.	Fire	430,334	-2.00%
10.	Extended Coverage	ilia ilia ilia ilia ilia ilia ilia ilia	
11.	Inland Marine		: sexual series of the series
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	÷	The state of the s
15.	Other	Annual representative transplant (MA) are approved to the second transplant transplant (MA) are approved to the second transplant transplant (MA) are approved to the second transplant tra	the commence of the commence o
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
	Brief description of filing. (If I	filing follows rates of an a	dvisory
	organization):	Decrease company m	ultipliers by 2.00%.
	*Adjusted to reflect all prior ra **Change in Company's pren- rates.	nium level which will resu	
		Iowa American Ins	
	· ·	Na	me of Company

Michael L. Wiseman, FCAS, Sr. Vice Pres., Treas.

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 09/01/2012	•

	(1)	(2) Annual Premium	(3) Percent Change (+or-) **
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+OI-)
٠.	Passenger		
	Commercial	404 grant and financial and an analysis of the photosis and a single a	the state of the s
2	Automobile Physical Damag		,
	Private Passenger		•
	Commercial	1999, L. L. Philippin (et. 1994). A commission of the commission o	: 10.10.00
3.	Liability Other Than Auto		
4.	Burglary and Theft		-
5.	Glass		
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·
7.	Surety	The second secon	A STATE OF THE PROPERTY OF THE
8.	Boiler and Machinery	***************************************	
9.	Fire	880,080	-2.00%
10.	Extended Coverage		
11. 12.	Inland Marine		
13.	Homeowners	, said and statement of the statement of	
14.	Commercial Multi-Peril Crop Hail	**************************************	and the same of th
15.	Other		
10.	Life of Insurance	egittik kirkirgani kanna kirkirkara sitti irran kanna kanna ili en terta anna ilikiristi kirkirkiri kirkiri k	
*	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		•
	organization):	Decrease company mu	ultipliers by 2.00%.
	*Adjusted to reflect all prior ra **Change in Company's premates.		It from application of new
		Iowa Mutual Insura	······································
-			me of Company
		Michael L. Wisema	n, FCAS, Sr. Vice Pres.,Treas.

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2013 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. 3,497,117 -12.6% 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a new proprietary property rating plan. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

		,
	Name of Company	
Tricia Flovd. A	ctuarial Director	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2013 (3) (1) (2) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage **Private Passenger Commercial** Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 174,944 -12.6% 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a new proprietary property rating plan. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Transportation Insurance Company Name of Company

Tricia Floyd, Actuarial Director

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2013 (3) (1) (2) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private **Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,237,944 -12.6% 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a new proprietary property rating plan.

Valley Forge Insurance Company
Name of Company
Tricia Floyd, Actuarial Director
Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.